#3

COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND COMPOSITIONS FOR TREATMENT OF OCULAR NEOVASCULARIZATION AND NEURAL INJURY the specification of which

(check one)	[<u>@</u>]	or PCT Intern	ereto 1/1/01 as US App national Application nded on	n No	o. <u>09/998</u> ,718
I hereby state specification, includin					the above-identified bove.
I acknowledge application in accorda priority benefits unde inventor's certificate, country other than tapplication for patent before that of the Priores.	nce with er 35 U; or §3650 he Unit or inve	n Title 37, Code SC § 119(a)-(d (a) of any PCT ted States, lis- ntor's certificat	e of Federal Regula) or §365(b) of an International appl ted below and ha te, or PCT Interna	tions, §1.56(a). I y foreign applica lication which de ve also identified tional application	ation(s) for patent or signated at least one d below any foreign
Number	•	Country	Day/Month/Yr filed	•	-
I hereby clai application(s) listed be		benefit under	35 USC §119 (e	of any United	d States provisional
Application No.		Filing Date			
I hereby clain application(s) listed be					of any United States ns of this application

60/244,850

application:

November 1, 2000

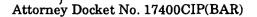
Application No.

Filing Date

I hereby appoint CARLOS A. FISHER, Registration No. 36,510 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this

Name	Registration No.
Robert Baran	25,806
Stephen Donovan	33,433





Martin A. Voet 25,208

of the following correspondence address: Allergan, Inc., 2525 Dupont Drive, Irvine, CA. 92612

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR						
First Name:		Initial	1	ast Name		
James		A.	Burke	Burke		
RESIDENCE & CITIZENSHII	•					
City	State or Foreign Country Country of Citizenship			enship		
Santa Ana	Califo	rnia		USA		
				ļ		
POST OFFICE ADDRESS	1			<u> </u>		
Post Office Address	City		State or Country Zip Code			
2409 East Avalon	Santa	Ana	California		92705	
Avenue a						
Avenue SIGNATORE OF INVENTOR			DATE:		'	
James A.	()	-ke	11	-19.01		
		<i>r</i> c		7707		
FULL NAME OF INVENTOR		Initial	I and Nin			
First Name:	Initial		Last Name			
Tøn	/					
RESIDENCE & CITIZENSHIP		F- : C t		T.C		
City	State or Foreign Country					
Irvine	Callic	California		USA		
	<u> </u>					
POST OFFICE ADDRESS	1		т.			
Post Office Address	City		State or Country		Zip Code	
2 Flagstone #936	Irvine		Califo	rnia	92606	
SIGNATURE OF INVENTOR			DATE:			
Tout			11/20/01			
FULL NAME OF INVENTOR:						
First Name:		Initial	Last Name			
Larry		A.	Wheeler			
RESIDENCE & CITIZENSHIP	,		•			
City	State or Foreign Country		Country of Citizenship		enship	
Irvine	Califo		USA			
POST OFFICE ADDRESS				L		
Post Office Address	City		State or	Country	Zip Code 92715-92612	
18 Valley View	Irvine		California 927		92715 97 617	
to raticy rice			Camonia		1 /	

SIGNATURE OF INVENTOR A A A A A A A A A A A A A A A A A A A							
Jany a. Whele 11/27/87							
FULL NAME OF INVENTOR:							
First Name:		Initial	Last Name				
Gerald		W	DeVries				
RESIDENCE & CITIZENSHIP							
		te or Foreign Country		Country of Citizenship			
Laguna Hills Califo		ifornia		USA			
POST OFFICE ADDRESS							
Post Office Address	City		State or Country		Zip Code		
25142 Bautista Drive	Laguna	a Hills	Califo	rnia	92653		
SIGNATURE OF INVENTOR			DATE:				
Budd H.	De	Vinin		1-20-	0]		